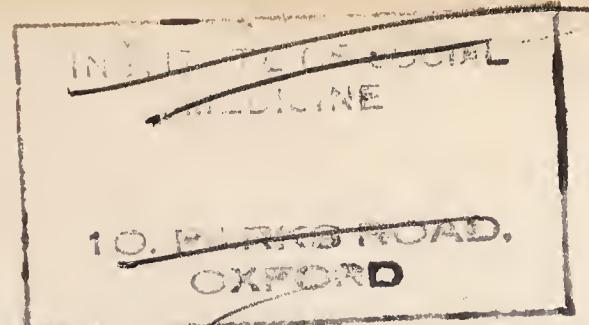


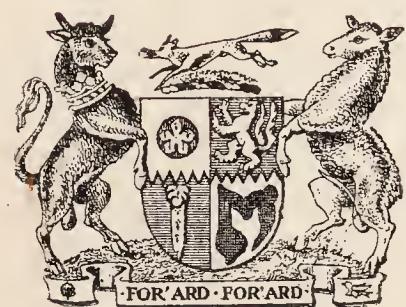
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COUNTY of LEICESTER
EDUCATION COMMITTEE



ANNUAL
REPORT

OF THE SCHOOL MEDICAL
OFFICER FOR THE YEAR

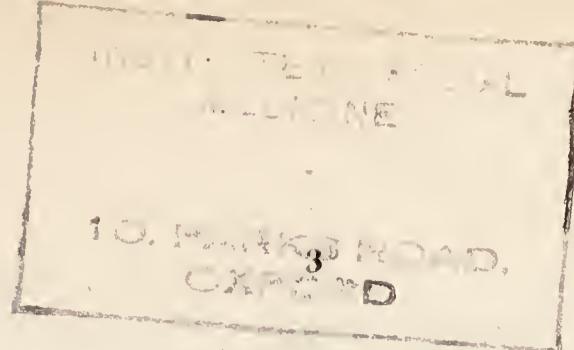
1949

G. H. GIBSON, M.B., Ch.B., D.P.H.

THE TUDOR PRESS, LEICESTER

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17 FRIAR LANE,
LEICESTER.

Mr. Chairman, Ladies and Gentlemen.

I have the honour to present the report on the School Health Service for the year 1949.

This report is smaller than in previous years; to some extent this is due to the fact that the report of the organisers of physical education has been restricted to the side of their work closely connected with the School Health Service.

The year has been one of adaptation to the changed circumstances resulting from the operation of the National Health Service Act. On the whole the adaption has been moderately successful as far as the service given to school children has been concerned, however difficult the administrative problems may have been. The demands made by the entire population on the scheme for the provision of spectacles have interfered seriously with the arrangements for school children, and the time between prescription of glasses and their supply was often so great that glasses were out of date by the time the child received them. This position is now greatly improved and the waiting time is much more reasonable. As explained in the report, however, the new arrangements do not provide the same facilities for "follow-up" as were previously available.

The most disastrous result of the introduction of the Act has been the effect on the School Dental Service. All members of the Committee know the position, which has caused much comment in the press and elsewhere. It does not seem necessary, therefore, to say much, except that it is somewhat ironical that as a direct result of the arrangements made to implement the Act, the dental health of the community should have immediately received a major setback, the effects of which will be felt for many years. It is perhaps too early to say that the School Dental Service is dead, but it certainly appears moribund. It is tragic for those who have assisted in building up the service, in an astonishingly small time, to see its virtual disappearance.

This is a time of change and, while it would be foolish to make changes in an organisation which is performing its functions satisfactorily, it is nevertheless necessary to consider whether that organisation is adapting itself to new conditions. The School Medical Service, now the School Health Service, did not spring into being in its present form when first introduced, but has in the past changed its methods as circumstances demanded it and may have to do so in the future.

It will be remembered that the service primarily began as an inspection service and that treatment for certain conditions was provided as the need became apparent. The Education Act of 1944 required every education authority to make arrangements for securing the provision of free medical treatment for all conditions, excluding, however, domiciliary treatment. Much of this treatment was obtained through hospitals, but in certain instances authorities employed consultants on their staff and undertook treatment directly. The National Health Service Act completely altered this position and the responsibility for securing medical treatment for the entire population, including school children, was made that of the Minister of Health. All facilities provided by the Act became available for the education authorities to discharge their obligation, which still exists, to secure free medical treatment for school children, while consultant facilities already provided by the education authorities were taken over by regional hospital boards, so becoming part of the National Health Service.

In addition to those administrative changes, there has been a great alteration in the clinical side of the work. Reference to early reports shows the great number of defects requiring treatment found at routine medical inspections. They consisted both of gross physical defects (orthopaedic, ear, nose and throat, etc.) and of the results of dirt and neglect (uncleanliness, impetigo, ringworm, etc.). These conditions are now rarely found and it has been argued that the present system of medical inspection is too rigid for present day needs and that some more flexible system, utilising medical ancillaries and special equipment and employing methods of group examination rather than individual examination should take its place. It has even been argued that with all the facilities

available under the Health Service there is no longer any need for a special school health service. This extreme view is not held by many, but I do not think it is too much to say that there is need for very careful consideration to be given to the problem and possibly for some experiments in new methods.

More and more emphasis is being placed on the handicapped child and his problems. This has been discussed in previous reports, but it can be said that the need for special treatment and special education for these children makes it essential for the closest co-operation between school teachers and assistant medical officers. School teachers are busy people with many demands on their time and I am most grateful to the teachers in this County for the interest they show in the work of this service and the assistance which they give to the medical officers.

I should like to call attention to the note by Dr. Paradise, on the treatment of children suffering from a certain type of congenital heart disease, given as an appendix to this report. It will be seen that the work described by Dr. Paradise is an admirable example of co-operation between various branches of the medical profession, to the advantage of the patient, in the successful diagnosis, treatment and aftercare of this condition. The family doctor and the school doctor can co-operate with the hospital and specialist services with most satisfactory results.

Members of the Committee have shown an unfailing interest in the service and I am most grateful for their support in these difficult times. It is a pleasure to express my gratitude to all members of the staff, medical and otherwise, while my special thanks are due to Dr. J. R. Byars, Deputy School Medical Officer, and Mr. W. A. Thornton for their work in the preparation of this report and throughout the year.

I am, your obedient servant,

G. H. GIBSON,

School Medical Officer.

REPORT

STAFF OF THE SCHOOL MEDICAL SERVICE.

School Medical Officer:

G. H. Gibson, M.B., Ch.B., D.P.H.

Deputy School Medical Officer:

J. R. Byars, M.B., Ch.B., D.P.H.

Senior Assistant School Medical Officer:

Marjorie L. Campbell, M.B., Ch.B., B.A.O., D.P.H. (appointed 10.1.49).

Assistant School Medical Officers:

S. E. Murray, M.B., B.S.

Margaret O. Cruickshank, M.A., M.R.C.S., L.R.C.P.

Diana G. Paradise, M.D., D.C.H.

J. W. Hall, M.D., B.Hy., D.P.H. (appointed 1.1.49).

R. W. Kind, M.R.C.S., L.R.C.P., D.P.H. (appointed 1.2.49).

Constance Walters, B.Sc., M.B., B.Ch. (School Oculist).

School Dental Surgeon:

P. Ashton, L.D.S.

Assistant School Dental Surgeons:

A. E. Ward, L.D.S.

C. L. R. McLellan, L.D.S.

D. R. A. Wilcox, L.D.S.

W. G. Campbell, L.D.S.

M. Smith, L.D.S.

Mrs. Milda Kerve, M.D.Vienna.

Speech Therapist (part-time):

Mrs. T. D. F. Randall.

School Nurses:

Superintendent: Miss G. I. Carryer.

Deputy Superintendent: Miss A. Hornsby.

Miss A. Addy.

Miss E. C. Agar.

Miss M. E. Alexander (appointed 17.1.49, resigned 31.10.49).

Miss J. A. Anderson.

Miss G. M. Anwyl (qualified 9.1.49).

Miss E. S. Bonser (resigned 28.12.49).

Miss K. F. Boon.

Mrs. S. J. Bourne (resigned 31.3.49).

Miss W. D. Carter.

Miss M. Cleasby (school nurse only).

Mrs. G. E. Coulson.

Miss J. Daniels.

Miss O. Deykin.

Miss E. Y. Feakin (resigned 31.7.49).

Miss E. M. Foxley.

Mrs. S. T. Grately.

Miss M. E. L. Hall.

Miss D. M. Hill.

Miss M. L. Hill.

Miss K. M. Knight (resigned 14.5.49).

Mrs. B. H. Lewis (appointed 24.1.49).

Miss N. Madin.

Miss K. B. Marriott.

Miss K. McDonagh.

Miss G. McIlrath.

Miss M. J. Paterson.

Miss S. M. Pearce.

Miss W. C. Porter.

Miss E. Robinson.

Miss E. H. Seabrook.

Miss H. A. Shutt (health visitor only).

Miss W. A. Simmons.

NORTH DIVISIONAL EXECUTIVE.

Divisional School Medical Officer:

R. C. Holderness, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant Divisional School Medical Officer:

H. T. Phillips, M.R.C.P., L.R.C.P., M.B., B.S.

School Dental Surgeon (part-time):

R. Latimer, L.D.S.

REPORT FOR THE COUNTY

I.—GENERAL STATISTICS.

(Including North Divisional Executive.)

Number of Schools:

			Voluntary	County	Controlled
Secondary	...	...	5	32	2
Primary	...	...	144	100	24
Nursery	...	...	—	4	—
Hospital Special	...	...	—	1	—
			<hr/>	<hr/>	<hr/>
		Total	149	137	26
			<hr/>	<hr/>	<hr/>
Number of children on the rolls	...	...	...	...	46,943
Average attendance	...	...	...	...	42,364

II.—MEDICAL INSPECTION.

(Excluding North Divisional Executive.)

Routine medical inspections of children in the scheduled age groups have been carried out and details of the age groups examined are as follows:—

1. All children who were admitted to school for the first time.
2. All children between the ages of 8 and 9 years.
3. All children attending a maintained primary school during the last year of attendance at such a school.
4. All children who were between the ages of 14 and 15 years.
5. All children brought forward as specials at the request of parents or teachers.

The total number of individual children examined was as follows:—

Routine inspections	...	...	...	12,689
Other periodic inspections	...	...	...	3,959
Special inspections	...	...	...	1,836
Re-inspections	...	...	...	3,067
				<hr/>
		Total	21,551	<hr/>

III.—FINDINGS OF MEDICAL INSPECTORS.

Uncleanliness.

During the course of routine medical inspections, 221 children were reported as being unclean. Routine inspections by the school nurses revealed 5,224 cases with varying degrees of uncleanliness.

Nose and Throat Conditions.

1,310 children were found to require treatment and 804 were noted for observation.

Defective Vision and Squint.

1,178 cases of defective vision, 221 cases of squint and 97 other conditions were referred to the School Oculist.

Ear Diseases and Defective Hearing.

Otitis Media with 92 cases, defective hearing with 64 and 19 other conditions accounted for the 175 children found to require treatment for ear defects.

Skin Diseases.

Of the 467 cases of skin disease referred for treatment, 348 were reported from the minor ailment clinics.

Heart and Circulation.

41 children under this heading were referred for treatment and a further 69 for observation.

Lungs.

Treatment was required for 111 children with lung conditions and 87 were recorded for further observation.

Orthopædic Conditions.

Of the 366 defects recorded, 235 required treatment.

IV.—INFECTIOUS DISEASES.

In last year's report attention was called to the fact that only two cases of diphtheria were reported in children between the ages of 5 and 15 years. This year only one case was confirmed.

Infantile paralysis was prevalent throughout the summer and autumn and 24 cases were reported in children of school age. Fortunately most of these cases suffered only mild attacks and all were dealt with at the isolation hospitals during the infectious period and at the orthopædic clinics after discharge.

Although hospital accommodation is now provided by the Regional Hospital Board, very close co-operation exists between the hospitals and the School Medical Service and this enables all cases to be followed up on discharge. The School Medical Officer is therefore able to ensure that full use is made of the orthopædic services, both as regards in-patients and out-patients. In this connection great assistance has been received from the Warwickshire Orthopædic Hospital for Children, Coleshill.

No other serious epidemics were reported, but measles—1,464, whooping cough—362, and scarlet fever—348, were responsible for a total of 2,174 notifications. These figures are much lower than the totals recorded in the previous year.

V.—FOLLOWING-UP BY SCHOOL NURSES.

All children with defects are referred to the school nurses who follow-up the cases by visits to the homes. During the year the nurses visited 1,635 homes of children and 856 visits were made to school departments.

The home visits included 1,023 for the first time, 554 second visits and 58 special visits.

VI.—MEDICAL TREATMENT*Minor Ailments.*

The number of attendances at the school clinics was as follows:—

Clinic	Children	Attendances
South Wigston	529	1,462
Hinckley	262	360
Melton Mowbray	262	459
Coalville	249	585
Market Harborough	49	85
Leicester	304	318
Total	1,655	3,269

Ear Disease and Defects.

Children requiring treatment for ear diseases can be referred to the City Clinic by arrangement with the City Authority.

Defective Vision.

2,101 children were examined by the School Oculist and 1,664 were found to require correction by glasses. The remainder were either wearing glasses which were satisfactory or were not in need of any correction.

1,198 children were provided with glasses during the year.

Special lenses and fittings are supplied on the recommendation of the School Oculist.

The Ophthalmic Services Committee pay a fee in respect of each case refracted by the Committee's medical officers and the amount received and paid to the County Treasurer during the year was £1,636.

All prescriptions are sent direct to the Ophthalmic Services Committee who send the necessary authority to the parents who can obtain the glasses from any optician of their choice.

This system works fairly well in urban areas, but in rural districts the arrangements are far from satisfactory. Parents in remote villages have great difficulty in visiting the opticians in the nearest towns and consequently some children remain without glasses. Often the School Medical Officers find on visiting the school that children are still without glasses and when enquiries are made the fact emerges that the parents have not taken the prescription to an optician.

The co-operation between the Ophthalmic Services Committee and the School Medical Department is excellent, but the fact remains that under the new system there is no "follow-up" as the prescription and all communications with the parents are undertaken by the Ophthalmic Services Committee.

Some lenses, especially the complicated ones, are still in short supply, but the average length of time between the examination and the supply of glasses has been considerably reduced, and in some cases glasses are obtained in two or three weeks.

Orthoptic Treatment.

Cases in the Leicester area recommended for orthoptic treatment are referred to a private clinic in Leicester. Each case is periodically reviewed and, where there is no improvement, the attendance of the patient is cancelled. Travelling expenses of children and escorts are paid on application by the parents.

The number of children attending during the year was 174 and the number of attendances 2,616.

Orthopaedic Treatment.

The clinics at Hinckley and Coalville have continued throughout the year and two sessions are held at each clinic each week.

(a) Hinckley Orthopaedic Clinic.

The number of sessions held during the year was 95 and the number of attendances was 2,770.

Treatment at this clinic included:—

Radiant heat or electricity	...	...	...	...	585
Muscle re-education and exercises	...	...	...	...	2,057
Massage and manipulation	...	...	...	...	271
Fitting of splints	...	...	...	...	42
Application of plaster	...	...	...	...	10

In addition to the above, 21 patients attended for observation only and a further 324 for general examination by the orthopaedic surgeon.

(b) Coalville Orthopaedic Clinic.

This clinic was open for 96 sessions and the number of attendances was 1,929.

Treatment at this clinic included:—

Radiant heat or electricity	...	...	...	...	442
Muscle re-education and exercises	...	...	...	...	1,287
Massage and manipulation	...	...	...	...	489
Fitting of splints	...	...	...	...	87
Application of plaster	...	...	...	...	30

In addition to the above, 22 patients attended for observation and 261 for general examination by the orthopaedic surgeon.

All in-patients from these two clinics are admitted to the Warwickshire Orthopaedic Hospital for Children, Coleshill.

(c) Loughborough Cripples' Guild.

Children from the North Divisional Executive Area are treated at this Clinic and details will be found in the report of the Divisional School Medical Officer.

(d) Hospital of St. Cross, Rugby.

All forms of orthopædic treatment are provided at this hospital for children in the southern part of the County.

The number of children dealt with during the year was 12 and the number of attendances 27.

(e) Leicester City Orthopædic Clinic.

Children living on the outskirts of the City are referred for treatment to the Richmond House Clinic and in-patients are dealt with at the Leicester General Hospital.

The number of attendances at this clinic during the year was 362.

Tonsils and Adenoids.

The arrangements for the treatment of children requiring removal of enlarged tonsils and adenoids has continued at Bosworth Park Hospital. Owing to the fact that children are thought to be much more liable to severe infection with infantile paralysis while recovering from tonsil and adenoid operations, it was necessary to stop all operations during the summer and autumn months. This has, of necessity, increased the waiting list which was steadily being reduced.

Efforts have been continued at Market Harborough and Melton Mowbray Hospitals to provide facilities for this treatment, but at both hospitals the infantile paralysis epidemic affected the scheme and by the time operations were possible, the Market Harborough Hospital did not have the necessary staff.

It is hoped that before long regular operation sessions will be arranged at the Hinckley Hospital.

Two urgent cases were dealt with at the Leicester Clinic.

The number of cases dealt with during the year was 509 at the following hospitals:—

Hinckley General Hospital	...	...	...	...	28
Melton Mowbray Memorial Hospital	...	...	...	...	108
Bosworth Park Hospital	...	...	...	...	371
Leicester Clinic	...	...	...	...	2
Total					<u>509</u>

VII.—DENTAL TREATMENT.**Report of the School Dental Surgeon.**

In submitting this report on the dental work in the County for the year 1949, I regret that I am unable to add anything to what was said last year. There has been no further reduction of the staff, which is still seven, but illness has been more prevalent than usual.

The work during the year has been confined almost entirely to school children and the amount of treatment for M. & C.W. and Ante-Natal cases was practically negligible.

All forms of treatment other than the preservation of permanent teeth and extractions for relief of pain or sepsis have been excluded in order to spread the benefit of what service is available over as wide a field as possible.

All accident cases reported were dealt with and this necessitated the provision and fitting of eleven dentures.

The Committee decided at the end of the year to concentrate during 1950 on the children in the Infant and Junior schools, but at the same time provide emergency treatment for senior children.

It is hoped that this modification in the scheme will enable the service to carry on until such time as more staff are available.

PERCY ASHTON,

School Dental Surgeon.

VIII.—NUTRITION.

This year's figures are again different from the previous year. This does not mean any great alteration in the condition of the children, but is due to the fact that several new medical officers have been appointed and each has his or

her own standard. There is no satisfactory method of "measuring" the state of nutrition, and the results of examination thus depend to a very considerable extent on individual standards adopted by individual medical officers. For this reason it is not possible to attach too much importance to the figures.

IX.—MILK IN SCHOOLS.

All the secondary grammar and secondary modern schools and all but one of the primary schools are supplied with liquid milk, the one primary school being supplied with full cream milk powder.

The following figures show the number of children in primary and secondary schools (including the Borough of Loughborough) taking milk on a single day in October, 1949.

	Primary	Secondary
No. of children in attendance ...	28,881	14,675
No. of children taking milk ...	25,940	9,312
Percentage of children taking milk ...	89.81%	63.45%

Milk is supplied free of charge to all pupils. The permitted quantities are, in nursery schools two-thirds of a pint, and in other schools one-third of a pint a day for each child.

X.—PROVISION OF SCHOOL MEALS.

During the year ending March, 1949, the number of dinners served in Leicestershire (including Loughborough) was, 4,553,404. The number of children taking school meals is steadily increasing.

The following table shows the present position in regard to the number of children taking dinners on a single representative day in October, 1949.

	Primary Schools	Secondary Schools	Total
Total number of children on the roll in all primary and secondary schools on the day selected	31,057	15,978	47,035
Total number of children on the roll in primary and secondary schools with facilities for meals	27,972	15,978	43,950
Total number of children present in primary and secondary schools where meals are available	26,300	14,675	40,975
Total number of children taking meals on the day selected	12,709	10,171	22,880
Percentage taking meals	48.32%	69.30%	55.83%

When it is realised that there are approximately 22,000 meals per day served in the schools, it will be seen that credit is due to the staff of the School Meals Service that only one outbreak of food poisoning was brought to the notice of this Department during the year. It is now part of the duties of the Assistant School Medical Officers to report on the conditions in the school kitchens when visiting the schools.

XI.—PHYSICAL EDUCATION.

Report of the Organisers of Physical Education for the year ended 31-12-49.

1. General.

The scope of Physical Education has been broadened and it is pleasing to report that teachers of the younger children are beginning to feel more at home with the less formal approach to this branch of Education. Additional equipment and various forms of portable apparatus have been bought and it is far more common than it was to find each child in the class with his or her own hoop, small ball, skipping rope or bean bag. Evidence that the children are being taught the correct approach to the work is also given by the apparent increase in the number of children who now change into suitable shorts and foot-gear. The children are now being asked to think about their movements and try to develop skills through right practice; teachers are not providing all the answers to movements experiments, but are allowing the children to seek the answers for themselves.

Quality of performance is still often absent. Teachers have yet to reach the standard that classes can and should give them. More attention is now being given to skills in the leading-up games and, on the whole, the playground games are better played than they were. Many of the Primary Schools' playgrounds are, unfortunately, too small to give games training the space it deserves. Boys and girls of ten years and upwards, should be given games which should be a good introduction to the major games of the playing field, but the playgrounds do not lend themselves to this.

More use is now being made of concrete wickets for cricket practice. Rough grass wickets are not of much use for training young cricketers, but when, as on concrete wickets, the course of the ball can be confidently forecast, good strokes can be practised with safety. Further development of concrete wickets can be looked forward to with interest.

School Halls and Gymnasia.

Owing to the increased number of pupils and the ensuing lack of classroom space, a number of schools are now using the Hall or Gymnasium as a classroom. This is greatly to be deplored; not only does it prevent its use for regular physical training, but the time allotted for this training has been considerably curtailed.

Where school halls are used for school assembly and school meals, as well as physical training, the condition of the floor prevents the inclusion of sitting and lying exercises. Yet exercises and activities in both these positions are among the best forms of movements for certain essential training. This matter has been urged upon the attention of Heads of Schools.

Plimsolls.

It is pleasing to report that the sharing of plimsolls for physical exercises and playground games is diminishing. Through the Committee's bulk purchase of plimsolls, and the Games and Special Purposes allowance, schools are endeavouring to supply each pupil with plimsolls. Heads are, however, faced with a problem of storage. Some plimsolls are kept in the pupil's locker, together with his books, others in bags hung in the cloakrooms or classrooms, whilst others are kept in large boxes.

In the interest of health, it is suggested that where space permits, a suitable method of storage should be adopted, e.g., wire cages where each child could store vest, shorts and plimsolls, and which would allow air access.

XII.—HANDICAPPED CHILDREN.

The numbers of handicapped children at present on the register are as follows:—

		No. on register	No. admitted to special schools
Educationally subnormal	...	120	8
Maladjusted	...	9	1
Epileptic	...	2	2
Blind	...	7	6
Partially blind	...	18	17
Deaf	...	24	18
Partially deaf	...	13	11
Physically handicapped	...	124	20

(Three children are receiving home tuition.)

The number of cases notified to the Mental Health Department under Section 57(3) of the Education Act, 1944, was 28.

There is little to add to what was said on this subject in the report for the year 1947. No new facilities have been provided, but it is hoped that the year 1950 will see the opening of a residential school for educationally subnormal children.

The special unit at Bosworth Park Hospital for physically defective children continues to do very useful work, and there is a possibility of expansion in the future.

XIII.—SPEECH THERAPY.

Owing to the resignation of the speech therapist, which was reported last year, this service has been considerably curtailed.

The services of a part-time speech therapist have been obtained, but she is only able to attend for two sessions per week. These are both held in Leicester at the St. Martin's Clinic. Efforts have been made to obtain further sessions, but so far without success. The number of children requiring this type of treatment is very considerable and the waiting list is now a very long one.

The following are the details of the work during the year:—

Clinic	No. of sessions	No. attending	No. of attendances
Leicester	56	29	258

There is a great need for more special schools and classes for the retarded child who is further handicapped by a speech defect.

With such large classes the teachers find it almost impossible to give these children the individual help and attention they need. As these children can only attend speech clinics once a week and in some cases less frequently the child's speech and general progress can only show a real improvement if it is helped by both parents and teachers.

Most parents do their best to co-operate, although in large families it is difficult for the mother to give the child adequate help. Others are not consistent with their help or attitude towards the child.

It is hoped that in the near future it will be possible to provide for some of these children in special schools.

XIV.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

415 children were examined as to their suitability for employment and certificates were issued as follows:—

Newspaper delivery	...	...	...	...	...	345
Errands	...	...	...	...	...	44
Milk delivery	...	...	...	...	...	4
Entertainment	...	...	...	...	...	19
Miscellaneous	...	...	...	...	...	3

XV.—PATENT DUCTUS ARTERIOSUS.

There are several different types of congenital heart disease, all of which are due to some fault in the early development of the heart. One of the commonest of these is persistence of the Ductus Arteriosus, and fortunately this type is particularly suitable for curative treatment.

Before the child is born its lungs are unexpanded and airless, and all its oxygen is supplied by the mother. A considerable proportion of the blood entering the artery to the lungs is returned to the main circulation before reaching the lungs, through a small channel known as the Ductus Arteriosus. When the infant is born the lungs expand and their blood supply improves steadily, until, by the third month, the ductus arteriosus becomes useless and closes spontaneously. Failure of closure during the first year of life constitutes the abnormality known as Patent Ductus Arteriosus.

There are no available figures indicating the frequency of this abnormality, but during the last two years alone over 35 cases have been dealt with by the surgical team at the Groby Road Chest Unit. It is therefore evident that this is not an uncommon abnormality.

The majority of uncomplicated cases of Patent Ductus Arteriosus survive childhood, but they usually die before the age of thirty years. Death is commonly due to heart failure or blood poisoning.

The diagnosis is made by a team of physicians and surgeons, working in close co-operation with general practitioners and the School Medical Service. In this county we are fortunate in having an excellent Chest Unit close at hand, in which all the requisite facilities for expert diagnosis and treatment are available.

The great majority of cases of Patent Ductus Arteriosus can be cured surgically by tying the abnormal vessel, and it is important to emphasise that this immediately restores the heart and circulation to normal and, at the same time abolishes the risk of heart failure and blood-stream infection. Since the operation was first performed in 1939 by Gross of Boston, it has become a standard procedure in most Chest Centres, and its mortality, in expert hands, has been reduced to 1% or less. The operation therefore constitutes a very small hazard in comparison with that of the untreated case. This fact should be remembered when advising operation, for it is sometimes difficult to persuade parents that their apparently normal child should be submitted to a major operation.

The following illustrative cases show the profound influence which this condition may have on the life and health of a child.

Case 1. M.H., aged 11 years.

"Bad heart" was diagnosed in infancy. The mother was told that the child should undertake no physical exertion and should not attend school. The child was of normal physical and mental development, and there were no symptoms of heart disease. The ductus arteriosus was tied in March, 1949. She made a rapid recovery and left hospital within a fortnight. She started normal school for the first time in her life in May, 1949, and after a rather difficult period of mental readjustment, she now does gymnastics and was placed well up on her class list. Eleven years of invalidism will not easily be forgotten, but the all-important physical cure has now been effected, and with help and encouragement this child should soon be completely normal.

Case 2. I.P., aged 3½ years.

This child is one of twins. When first seen she was about 4 inches shorter than her sister and weighed about 10 pounds less. She was admitted to hospital acutely ill with blood poisoning due to an infection within the ductus arteriosus. After a short course of penicillin the abnormal vessel was tied, and she made an uninterrupted recovery. It is now over two years since the operation, and she has remained well and is now almost as big as her twin. Without the benefits of surgery this child would almost certainly have died.

Modern surgical technique has improved so enormously that it is now no longer sufficient to diagnose "Congenital Heart Disease," and leave the matter there. It is of the utmost importance that every case should be fully investigated, and that every possible step should be taken to establish the correct diagnosis. Children with congenital heart disease should not have their physical activities restricted, but should be allowed to live their lives as normally as possible—they will limit themselves when necessary. Their education is especially important since it is probable that they will be fitted only for sedentary occupations, unless they belong to the group who can be cured surgically. For this reason every effort should be made to facilitate their school attendance.

D. G. PARADISE, M.D., D.C.H.
Assistant School Medical Officer.

XVI.—NORTH DIVISIONAL EXECUTIVE.

Annual Report of the Divisional School Medical Officer, 1949.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Fifth Annual Report as Divisional School Medical Officer.

There have been no changes of any magnitude during the year. While, on the whole, the various services have been maintained, the shortage of dental officers has made the position as regards the dental service in the outlying parts of the area more difficult. Similarly it has not been possible to obtain the services of a Speech Therapist. The various aspects of the work have been commented upon in the body of the report.

I should like to record my appreciation of the co-operation I have received from the County Medical Officer and his staff, the Divisional Education Officer, Dr. Phillips, and the staff of the School Medical Department. In conclusion, may I thank the Committee for their support during the year.

I am, your obedient servant,

(Signed) R. CAUTLEY HOLDERNESS.

STAFF OF SCHOOL MEDICAL DEPARTMENT.

Divisional School Medical Officer (also Medical Officer of Health for Loughborough):

R. Cautley Holderness, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officer (seconded by County Education Committee):

H. Temple Phillips, M.B., B.S., M.R.C.S., L.R.C.P.

Dental Surgeon (part-time):

R. Latimer, L.D.S.

School Nurses:

Miss M. Cleasby, S.R.N. (Whole-time.)

Miss E. C. Agar, S.R.N., S.C.M., Health Visitor's Certificate (also Health Visitor).

Miss E. M. Foxley, S.R.N., S.C.M., Health Visitor's Certificate (also Health Visitor).

Miss J. Daniels, S.R.N., S.C.M. Health Visitor's Certificate (also Health Visitor).

Miss K. Boon, S.R.N., S.C.M. Health Visitor's and T.A. Certificates (also Health Visitor).

Dental Attendant:

Miss B. M. Cresswell.

Speech Therapist:

(Post vacant.)

Clerical Staff:

Miss J. Beresford

Miss P. R. Richardson.

General Statistics.

Estimated Population	...	...	...	...	...	...	60,295	No. of Schools	No. on Rolls
Primary	...	...	...	...	35	...	5,376		
Secondary Modern	...	...	...	4	...	...	1,689		
Secondary Grammar	...	...	...	3	...	...	1,078		
Secondary Technical	...	...	...	1	...	...	120		
Nursery	...	...	...	1	...	...	30		
							8,293		

Medical Inspection.

The number of children examined at the periodic medical inspections in the primary and secondary schools totalled 2,728. This included the children in the scheduled age groups together with 906 children, mainly in the eight-year-old group. This age is important. It is in this group that defects of vision become apparent, and moreover the age at which the effects of treatment advised at the first inspection, and the child's early reactions to school life can be assessed.

Uncleanliness.

The number of children found to be verminous at the cleanliness inspections by the School Nurses was 414. In the main these were cases of slight infestation which only needed the attention of the parents to be drawn to the condition for it to be remedied. Nevertheless, there were ten cases in which it was necessary to serve formal notices under Section 54 of the Education Act and four prosecutions had to be taken.

There is always, in any community, a hard core whose standards of hygiene are below normal and upon whom precept and punishment alike seem to have little effect. These families are a constant source of trouble and, of course, the origin of most of the occasional infestations in schools. Despite the comparative ease with which an infestation with vermin can be cleared by the use of the modern insecticides, D.D.T. and Lethane, certain families, well known to the School Nurses, are constantly found to be verminous.

In Loughborough itself, where the relatively short distances make it possible, it has been found to be of considerable help for these "chronic" cases to attend regularly each week at the School Clinic for inspection and if necessary for the application of one of the above insecticides. In this way known sources of infestation have been kept under control and the prolonged intensive supervision has a more lasting, and possibly permanent, educational value.

During the year 615 attendances were made for this purpose.

At the cleanliness inspections the children are also examined for the presence of scabies or other contagious conditions. A number of cases of scabies were detected in this way.

A total of 25,826 inspections were made during the year.

Diseases of the Nose and Throat.

141 children were referred for operative treatment for tonsils and adenoids during the year. 63 cases received treatment during the year. This was little more than a third of the cases treated in 1948, owing to the necessity for holding over the operations during the period of prevalence of poliomyelitis. There appears to be a definitely increased risk of this disease in a severe form, in the period immediately following tonsillectomy when the disease is prevalent in the district.

Defective Vision and Squint.

361 children were examined by refraction at the School Clinic during the year and spectacles were prescribed in 263 cases. The delay in obtaining spectacles referred to in last year's report still exists, but there are indications that the position is improving somewhat.

One of the difficulties experienced in regard to some children is to get them to wear the spectacles prescribed for them more regularly. The myopic child has, until the onset of his disability, been used to seeing images sharply and despite his restricted distant vision, can still see things sharply at close hand with the unaided eye. If, as is usually the case, his glasses give him sharpness of vision at a distance equal to the normal he has a strong incentive to wear them.

Other children suffering from the much more common defect of hypermetropic astigmatism may never have been accustomed to see objects very clearly, either near or distant, and when first given correcting lenses the eye is unable to take full advantage of the clearer image presented to it and it is only after some time that the visual acuity improves. There is in these cases therefore not the same incentive to wear the glasses, but until they are worn the vision will not improve. Particularly is this the case where the defect is present in only one eye, the child preferring to rely on his accustomed monocular vision with his good eye to the further detriment of the vision of the other eye. Parents and teachers can be of great assistance in seeing that glasses, if prescribed, are worn regularly, and not just when reading, unless this is specifically allowed by the oculist prescribing the glasses.

Arrangements are in force to notify head teachers of schools of all children for whom spectacles are prescribed.

General Condition

Under this heading, children examined at periodic medical inspections are classified as falling into one of three groups: Good, Fair or Poor. The middle category, "Fair," may be taken to represent the bulk of normal children, "Good" represents those children whose condition stands out as better than "Fair," while the "Poor" category denotes those whose condition is below what is a reasonable standard of fitness. The classification to one category or another is made by the medical examiner after an appraisal based on all those features indicative of a child's state of wellbeing or otherwise.

The figures for 1949 were:—

Good	...	...	...	...	...	...	33.3%
Fair	...	...	...	...	...	...	63.2%
Poor	...	...	...	...	...	...	3.5%

The general trend during the past few years has been for a reduction of the numbers in the "Poor" category.

Follow-up and Special Inspections.

The arrangements outlined in previous years have been continued.

Minor Ailments.

During the year, 1,249 children made 4,910 attendances at the Minor Ailments Clinic. They included 10 cases of scabies.

From the term "minor ailments" it might be inferred that the conditions treated were of relatively little importance—this is by no means the case. Many parents have neither the skill nor the facilities to apply treatment themselves, and the already overburdened general practitioner cannot be expected to carry out frequent treatment. A typical instance is a child with a few impetigenous sores—these are contagious and liable to spread to other children especially if not adequately covered. The mother states that she has been applying treatment for a fortnight without success, and one has no reason to doubt her word. After a few daily attendances at the clinic the condition is cleared up. Thus much school absenteeism is avoided and the risk to other children abated.

Another aspect of this work is its educational value. One of the frequent causes of lost time among works employees is the neglect of minor injuries, cuts and the like, which consequently become infected. The inculcation in the child of the habit of paying attention to these "minor ailments" should help to overcome this neglect in later years.

Dental Inspection and Treatment.

The number of children inspected during the year was 4,190, and of these 1,559 were found to require treatment. 1,948 children (including some inspected at the end of the previous year) were treated, making 2,189 attendances.

The percentage of consents was 72.2, those attending a private dentist was 19.3 leaving 8.5 who either refused treatment or failed to indicate their wishes in the matter.

Supply of Milk and Dinners.

A count of the number of children taking milk and dinners on one day in October gave the following figures. Those for 1948 are given for comparison.

	1948	1949
No. of Children on the registers ...	8,135	8,293
No. of children taking milk ...	6,440	6,340
No. of children taking dinners ...	3,037	3,051

155 of the children taking dinner have it free. Samples of the milk supplied to the schools were regularly examined and found to be satisfactory.

Employment of Children.

110 children were examined prior to taking up part-time employment.

Each year during the pantomime season, a number of girls from various parts of the country come into the town to take part in theatrical entertainments. It is seldom that these children are found not to have some degree of infestation. The limited facilities available for these children in lodgings, the fact that a good deal of time outside school hours is taken up with travelling to the theatre, in stage appearances, and in travelling from town to town, makes it more difficult to attend to personal cleanliness. There seems to be little advantage to be gained by these children being allowed to undertake such "part-time" work. Even if training for a career as a danseuse has to be commenced early this need hardly include appearances on the professional stage before the end of the normal school life. If the reason is because of the entertainment value of these juveniles, then the public taste should be educated to demand that children should not be required to undertake the double strain of work of this nature and work at school at an age when developmental changes are also liable to cause much stress. There is no comparison between a girl employed, say, on errands who is living in her own home and can do her part-time job to a certain extent at her own pace, and that of a juvenile dancer travelling from town to town and inevitably imbued with the tradition of the theatre "The show must go on" even if she is not feeling up to it.

It seems to be worth considering whether in these more enlightened days this type of part-time employment should not be stopped.

Handicapped Children.

The lack of residential accommodation for educationally subnormal and maladjusted children still continues. In other types of cases the position is rather better, though there is a waiting list in some cases.

During the year one child was recommended for special educational treatment in a school for the deaf and one in a school for the partially deaf.

Eleven children were examined regarding educability; of these, two were recommended for special educational treatment as educationally subnormal pupils and nine were found to be ineducable and were recommended for report to the Local Mental Deficiency Authority.

Speech Therapy.

It has still not been possible to obtain the services of a Speech Therapist.

XVII.—STATISTICS FOR WHOLE COUNTY.**Year ended 31st December, 1949.****TABLE I.****Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).****A.—Periodic Medical Inspections.**

Number of Inspections in the prescribed Groups.

Entrants	...	...	...	...	...	...	...	...	5771
Second Age Group	...	...	...	...	...	...	...	...	5153
Third Age Group	...	...	...	...	...	...	...	...	3587
								Total	14511
Number of other Periodic Inspections	...	...	...	...	...	...	...	...	4865
								Grand Total	19376

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	...	...	2349
Number of Re-Inspections	...	...	...	...	...	...	...	3576
							Total	5925

C.—Pupils found to require Treatment.

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIa.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	...	19	895
Second Age Group	...	394	388
Third Age Group	...	317	212
Total (prescribed groups)	730		1495
Other Periodic Inspections	374		442
Grand Total	1104		1937
			2964

TABLE II.

A.—Return of defects found by Medical Inspection in the year ended
31st December, 1949.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)	
4.	Skin	65	28	130	—
5.	Eyes— a. Vision	1104	143	266	—
	b. Squint	225	30	41	—
	c. Other	79	21	91	3
6.	Ears— a. Hearing	32	38	48	2
	b. Otitis Media	49	16	65	—
	c. Other	18	8	49	1
7.	Nose or Throat	955	868	496	49
8.	Speech	14	15	20	4
9.	Cervical Glands	28	61	40	5
10.	Heart and Circulation	44	80	5	2
11.	Lungs	109	130	21	8
12.	Developmental— a. Hernia	62	26	1	—
	b. Other	31	53	1	—
13.	Othropædic— a. Posture	13	18	2	—
	b. Flat foot	126	63	17	1
	c. Other	99	75	60	10
14.	Nervous System— a. Epilepsy	4	9	4	—
	b. Other	13	10	6	1
15.	Psychological— a. Development	—	6	11	1
	b. Stability	6	9	1	—
16.	Other	133	66	264	128

B.—Classification of the General Condition of Pupils inspected during the Year in the Age Groups.

Age Groups	Number of Pupils Inspected	A.		B.		C.	
		No.	% of col. 2	(Good)		(Fair)	
				3	4	5	6
1	2	3	4			7	8
Entrants	5771	1364	23.63	4204	72.84	203	3.52
Second Age Group ...	5153	1466	28.44	3453	67.00	234	4.54
Third Age Group ...	3587	979	27.29	2462	68.63	146	4.07
Other Periodic Inspections	4865	1157	23.78	3489	71.71	219	4.50
Total	19376	4966	25.64	13608	70.25	802	4.14

TABLE III.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Table V.)							Number of Defects treated, or under treatment during the year.
(a) Skin—							
Ringworm—Scalp—							
(i) X-Ray treatment							—
(ii) Other Treatment							2
Ringworm—Body							13
Scabies							43
Impetigo							117
Other skin diseases							386
Eye Disease							194
(External and other, but excluding errors of refraction, squint and cases admitted to hospital.)							
Ear Defects							106
(Treatment for serious diseases of the ear (e.g., operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report.)							
Miscellaneous							1061
(e.g., minor injuries, bruises, sores, chilblains, etc.)							
Total							1922
(b) Total number of attendances at Authority's minor ailments clinics							7986

Group II.—Defective Vision and Squint (excluding Eye Disease treated as

Minor Ailments—Group I.)

		No. of defects dealt with
Errors of refraction (including squint)	...	2,308
Other defect or disease of the eyes (excluding those recorded in Group I)	...	154
Total	...	2,462
No. of Pupils for whom spectacles were—		
(a) Prescribed	...	1,927
(b) Obtained	...	1,427

Group III.—Treatment of Defects of Nose and Throat.

Total number
treated

Received operative treatment—		
(a) for adenoids and chronic tonsillitis	...	672
(b) For other nose and throat conditions	...	—
Received other forms of treatment	...	—
Total	...	672

Group IV.—Orthopædic and Postural Defects.

(a) No. treated as in-patients in hospitals or hospital schools	...	40
(b) No. treated otherwise, e.g., in clinics or out-patient departments	...	526

Group V.—Child Guidance Treatment and Speech Therapy.

No. of pupils treated—		
(a) under Child Guidance arrangements	...	—
(b) under Speech Therapy arrangements	...	28

TABLE IV.—DENTAL INSPECTION AND TREATMENT.

(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(a) Periodic age groups	25,907
	(b) Specials	2,088
	(c) Total (Periodic and Specials)	27,995
(2)	Number found to require treatment	12,104
(3)	Number actually treated	10,609
(4)	Attendances made by pupils for treatment	16,771
(5)	Half-days devoted to—	
	(a) Inspection	357
	(b) Treatment	2,960
	Total (a) and (b)	3,317
(6)	Fillings—	
	Permanent Teeth	12,918
	Temporary Teeth	366
	Total	13,284
(7)	Extractions—	
	Permanent Teeth	989
	Temporary Teeth	9,869
	Total	10,858
(8)	Administration of general anaesthetics for extraction	440
(9)	Other Operations—	
	(a) Permanent Teeth	968
	(b) Temporary Teeth	922
	Total (a) and (b)	1,890

TABLE V.—INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	128,808
(ii)	Total number of individual pupils found to be infested	5,447
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	10
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	4